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October 17, 2013

Via Electronic Filing

Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, DC 20554

Re: Confidential Financial Information – Subject to Protective Order in WC Docket Nos.
10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51,
WT Docket No. 10-208, Before the Federal Communications Commission.

Dear Ms. Dortch,

Union Telephone Co, (DBA Union Cellular) SAC 519905, a privately-held rate of return carrier receiving high cost support, has electronically submitted FCC form 481 to the Commission with redacted financial data, in compliance with 47 C.F.R § 54.313 and 54.422.

As specified in the Protective Order issued on November 16, 2012 by the Commission, two copies of the redacted confidential information are being filed simultaneously with the non-redacted confidential information. The redacted information for this filing and each page of the file where confidential information has been omitted is marked "REDACTED for PUBLIC INSPECTION".

Sincerely,

Chris Reno, CPA
Director of Accounting
Union Telephone Company
Phone: (307) 782-4159
Fax: (307) 782-6913

Cc: John Woody, CEO, Union Telephone Company

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 DMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	519905
<015> Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Chris Reno
<035> Contact Telephone Number: Number of the person identified in data line <030>	3077824159
<039> Contact Email Address: Email of the person identified in data line <030>	creno@unionwireless.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> -- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0		
<420> Mobile	0.0		
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	0.0		
<450> Mobile	0.0		
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 519905wy510	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 519905wy610	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	519905
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

DMB Control No. 3060-0986/DMB Control No. 3060-0819
July 2013

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

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-- See attached worksheet

2002 2001

<010>	Study Area Code	519905
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com

10/01/2013

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

PCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	519905
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com

<910>	Tribal Land(s) on which ETC Serves	Wind River Reservation
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<920>	Tribal Government Engagement Obligation	519905wy920
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Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Select (Yes, No, NA)
<922>	Feasibility and sustainability planning;	Yes
<923>	Marketing services in a culturally sensitive manner;	Yes
<924>	Compliance with Rights of way processes	Yes
<925>	Compliance with Land Use permitting requirements	Yes
<926>	Compliance with Facilities Siting rules	Yes
<927>	Compliance with Environmental Review processes	Yes
<928>	Compliance with Cultural Preservation review processes	Yes
<929>	Compliance with Tribal Business and Licensing requirements.	Yes

Select (Yes, No, NA)
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	519905
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<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno
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<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com

<1120> Please check this box to confirm no terrestrial backhaul
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers
broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

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(1200) Terms and Condition for Lifeline Customers**Lifeline****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	519905
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

519905wy1210

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



<1222> Details on the number of minutes provided as part of the plan,



<1223> Additional charges for toll calls, and rates for each such plan.



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(2000) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	519905
<015>	Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Chris Reno
<035>	Contact Telephone Number - Number of person identified in data line <030>	3077824159
<039>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012>	2013 Frozen Support Certification	<input checked="" type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
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Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>

<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information	<input type="text"/>
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Data Collection Form		519905		UNION TELEPHONE CO. DBA UNION CELLULAR		ECF Form 433	
		Study Area Code		Study Area Name		OMB Control No. 3061-0089/OWB Control No. 3060-0819	
		Program Year		Program Year		JULY 2013	
<010>	Contact Name - Person USAC should contact regarding this data	Chris Reno					
<015>	Contact Telephone Number - Number of person identified in data line <030>	3077824159					
<030>	Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com					
<p>Progress Report on 5 Year Plan</p> <p>3010 Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p> <p>3011 Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) PDF of Balance Sheet, Income Statement and Statement of Cash Flows If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to an officer certification. PDF of Balance Sheet, Income Statement and Statement of Cash Flows Attach the worksheet listing required information</p>							
CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.							
Name of Attached Document Listing Required Information				<input type="checkbox"/> (Yes/No) <input checked="" type="checkbox"/> (Yes/No)			
Name of Attached Document Listing Required Information				<input checked="" type="checkbox"/> (Yes/No) <input checked="" type="checkbox"/> (Yes/No)			
Name of Attached Document Listing Required Information				519905xv3017 <input type="checkbox"/> (Yes/No)			
Name of Attached Document Listing Required Information				<input type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)			
Name of Attached Document Listing Required Information				<input type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)			
Name of Attached Document Listing Required Information				<input type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)			

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Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	519905
<015> Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Chris Reno
<035> Contact Telephone Number - Number of person identified in data line <030>	3077824159
<039> Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	UNION TELEPHONE CO. DBA UNION CELLULAR
Signature of Authorized Officer:	CERTIFIED ONLINE
	Date
Printed name of Authorized Officer:	Chris Reno
Title or position of Authorized Officer:	Director of Accounting
Telephone number of Authorized Officer:	307-782-4159
Study Area Code of Reporting Carrier:	519905
Filing Due Date for this form:	10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	519905
<015> Study Area Name	UNION TELEPHONE CO. DBA UNION CELLULAR
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Chris Reno
<035> Contact Telephone Number - Number of person identified in data line <030>	3077824159
<039> Contact Email Address - Email Address of person identified in data line <030>	creno@unionwireless.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: UNION TELEPHONE CO. DBA UNION CELLULAR	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: 519905	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: UNION TELEPHONE CO. DBA UNION CELLULAR	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: 519905	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Redacted for Public Inspection

Attachments

**Line 510 – Compliance with Service Quality Standards and
Consumer Protection**

Union Telephone Company hereby certifies that it has reviewed its service quality and consumer protection practices, and that it is in compliance with all applicable state requirements in connection with its provision of voice and broadband services.

Line 610 – Functionality in Emergency Situations

Section 54.202(a)(2) of the Commission's Rules requires that each eligible telecommunications carrier ("ETC") must "[d]emonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."¹ Section 54.313(a)(6) requires ETCs to certify that they are "able to function in emergency situations as set forth in §54.202(a)(2)"² in connection with their provision of voice and broadband services.

Union Telephone Company has deployed sufficient power generators to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

Union Telephone Company is able to function in emergency situations as certified with the FCC. The Company utilizes battery back-up systems and standby generators in all of its central office locations and remote carrier sites. The Company's generators are powered by natural gas and can run indefinitely. Additionally, if there is an emergency in a remote location, Union can move telecommunication facilities to the location to provide communications.

¹ 47 C.F.R. § 54.202(a).

² 47 C.F.R. § 54.313(a)(6).

TRIBAL ENGAGEMENT NARRATIVE

In accordance with 47 C.F.R. § 54.1004(d) of the Commission's Rules, and as set forth in the attached certification, Union Telephone Company d/b/a Union Wireless ("Union Wireless" or "Company") notified the appropriate Tribal governments by letters dated October 10, 2012 of its winning bid.¹ The Company was identified as a winning bidder in the Commission's October 3, 2012 Public Notice. The following Tribal governments were contacted: Northern Arapaho Tribe and Eastern Shoshone Tribe. Subsequently, the Company substantively engaged with appropriate Tribal officials regarding the issues specified in § 54.1004(d)(1).

In its letters to these Tribal governments, the Company indicated its willingness to engage in meaningful discussions regarding the deployment and improvement of communications on Tribal lands. In particular, Union Wireless expressed its desire to discuss with the Tribal governments: (1) a needs assessment and deployment planning with a focus on Tribal community anchor institutions; (2) feasibility and sustainability planning; (3) marketing services in a culturally sensitive manner; (4) rights of way processes, land use permitting, facilities siting, environmental and cultural review processes; and (5) compliance with Tribal business and licensing requirements.

Representatives of the Company met, and engaged in substantive discussions, with representatives of the Northern Arapaho Business Council on October 30, 2012. Union Wireless discussed its goal of working with the tribe to ensure adequate coverage, especially for anchor institutions. The Company asked tribal council members to identify geographic areas and anchor institutions that need better coverage. The Company communicated its deployment plans and showed the tribal council members a map showing these plans. (After the meeting, Union Wireless sent the Chairman of the tribal council a PDF map of the Company's coverage areas in the Wind River Reservation overlaid with the roads identified by the FCC as needing service.) The tribal council noted that, for marketing purposes, Union Wireless needs to emphasize lifestyle benefits. Points of contact for Union Wireless and the tribe were designated. The Company noted that it plans to include representative of the historic preservation offices of the tribes in future tower planning to try to avoid building on cultural sensitive areas.

Representatives of the Company met, and engaged in substantive discussions, with representatives of the Eastern Shoshone Business Council on January 15, 2013.² Union Wireless discussed its goal of working with the tribe to ensure adequate coverage, especially for anchor

¹ See 47 C.F.R. §54.1004(d). See also Mobility Fund Phase I Auction Closes, Winning Bidders Announced for Auction 901, Public Notice, DA 12-1566 at ¶¶ 9, 26-28 (rel. Oct. 3, 2012) ("Winning Bidders Public Notice"); Office of Native Affairs and Policy, Wireless Telecommunications Bureau and Wireline Competition Bureau Issue Further Guidance on Tribal Government Engagement Obligation Provisions of the Connect America Fund, WC Docket Nos. 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, WT Docket No. 10-208, GN Docket No. 09-51, Public Notice, DA 12-1165, 27 FCC Rcd 8176 (2012) (*Tribal Engagement Further Guidance Public Notice*), *pet. for recon. pending*.

² Union Wireless repeatedly contacted the Eastern Shoshone Business Council, including by e-mails sent November 28 and December 12, 2013, and telephone calls on November 30, December 5, December 11, December 14, December 18, 2012 and January 7, 2013 to schedule a meeting.

Union Wireless, Inc.
Auction 901

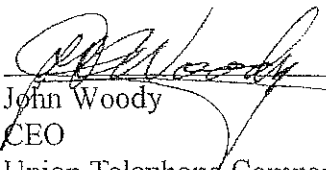
institutions. The Company asked tribal council members to identify geographic areas and anchor institutions that need better coverage. The tribal council identified that coverage in Crowheart is not good, and Union Wireless said that they will work to improve this coverage. Union Wireless also said that they would work with the tribal councils to enhance data coverage in the area of the Boisen Peak Tower. The Company communicated its deployment plans and showed the tribal council members a map showing these plans. The tribal council noted that, for marketing purposes, Union Wireless needs to emphasize lifestyle benefits. Points of contact for Union Wireless and the tribe were designated. The Company noted that it plans to include representative of the historic preservation offices of the tribes in future tower planning to try to avoid building on cultural sensitive areas.

CERTIFICATION

I, John Woody, Chief Executive Officer of Union Telephone Company d/b/a Union Wireless ("Union Wireless" or "Company"), certify under penalty of perjury that I have read the foregoing Tribal Engagement Narrative, and that all such statements made and matters set forth therein are true and correct to the best of my knowledge, information and belief.

I further certify under penalty of perjury that the following is true and correct to the best of my knowledge, information and belief:

1. Union Wireless contacted the appropriate Tribal governments in its winning bid service area, and this contact took place in letters sent October 10, 2012, which is no later than five business days after the Company was identified by the Commission's October 3, 2012 Public Notice that it was a winning bidder in Auction 901.
2. The following Tribal governments were contacted by the Company: Northern Arapaho Tribe and Eastern Shoshone Tribe.
3. In the Company's October 10, 2012 letters, the Company indicated that it was willing to engage in meaningful discussions regarding the deployment and improvement of communications on Tribal lands. In particular, Union Wireless expressed its desire to engage in a discussion with the Tribal government regarding the issues specified in 47 C.F.R. § 54.1004(d)(1): (1) a needs assessment and deployment planning with a focus on Tribal community anchor institutions; (2) feasibility and sustainability planning; (3) marketing services in a culturally sensitive manner; (4) rights of way processes, land use permitting, facilities siting, environmental and cultural review processes; and (5) compliance with Tribal business and licensing requirements.
4. Representatives of the Company engaged in substantive discussions with representatives of the Northern Arapaho Business Council on October 30, 2012, and with representatives of the Eastern Shoshone Business Council on January 15, 2013. These discussions are summarized in the Tribal Engagement Narrative.
5. A copy of this Tribal Engagement Narrative and Certification will be sent to the appropriate Tribal officials on the same day that these materials are filed with the FCC.


John Woody
CEO
Union Telephone Company d/b/a Union
Wireless

Lifeline Certification Form

Lifeline is a federal government benefit program and only qualified persons may participate in the Lifeline program. Lifeline service may not be transferred to any other individual, including another eligible low-income consumer. **By law, the Lifeline program is only available for one phone line per household, whether landline or wireless.** A household is defined, for purpose of the Lifeline program, as any individuals who live together at the same address and share income and expenses. Any violation of the one phone line per household limitation will result in de-enrollment from the Lifeline program and may be punished by fine or imprisonment.

☐ Initial Lifeline Enrollment ☐ Re-certification of Lifeline Enrollment

PERSONAL INFORMATION

Please fill out the following information:

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: ____ / ____ / ____

Social Security # (last 4 digits): _____ Alt. Contact #: (____) ____ - ____

Email Address: _____

ELIGIBILITY

YOU MAY QUALIFY FOR LIFELINE DISCOUNTS UNDER EITHER SECTION 1 OR SECTION 2 BELOW. PLEASE FILL OUT EITHER SECTION 1 OR 2, DEPENDING UPON WHICH APPLIES TO YOU:

SECTION 1 – PROGRAM-BASED ELIGIBILITY

Please check all that apply and provide Union Wireless with documentation to demonstrate that you participate in one of the programs listed below:

- | | |
|--|---|
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> National School Lunch Program's Free Lunch Program |
| <input type="checkbox"/> Federal Public Housing Assistance (Section 8) | <input type="checkbox"/> Prescription Drug Assistance (PDA) |
| <input type="checkbox"/> Personal Opportunities with Employment Responsibilities (POWER) | <input type="checkbox"/> Child Care |

(Note: Proof of program participation is not required during annual re-certification of Lifeline eligibility.)

I CERTIFY THAT I OR ONE OF MY DEPENDENTS PARTICIPATES IN ONE OR MORE QUALIFYING PROGRAMS AS INDICATED ABOVE.

Initial Here

IF YOU HAVE A DEPENDENT RESIDING IN YOUR HOUSEHOLD WHO RECEIVES BENEFITS FROM ONE OF THE PROGRAMS ABOVE, PLEASE PROVIDE THEIR NAME:

First Name: _____ M.I.: _____ Last Name: _____

SECTION 2 – INCOME-BASED ELIGIBILITY:

IF YOU DON'T PARTICIPATE IN ANY OF THE ABOVE PROGRAMS, YOU MAY STILL QUALIFY IF YOUR HOUSEHOLD INCOME IS AT OR BELOW 135% OF THE FEDERAL POVERTY GUIDELINES.

How many people are in your Household? _____

People in household	Total Annual Income at:	People in Household	Total Annual Income at:	People in Household	Total Annual Income at:
1 person	\$15,080	3 people	\$25,772	5 people	\$36,464
2 people	\$20,426	4 people	\$31,118	each additional person	\$5,346

TO QUALIFY BASED ON YOUR INCOME, YOU MUST PROVIDE COPIES OF ONE OR MORE OF THE DOCUMENTS LISTED BELOW. IF YOU PROVIDE DOCUMENTATION THAT DOES NOT COVER A FULL YEAR (SUCH AS CURRENT PAY STUBS), YOU MUST SUBMIT THREE (3) CONSECUTIVE MONTHS OF THE SAME TYPE OF DOCUMENT WITHIN THE PREVIOUS 12 MONTHS. YOU MUST DOCUMENT ALL OF YOUR HOUSEHOLD INCOME.

- | | |
|--|--|
| <input type="checkbox"/> Prior year's state, federal or tribal tax return | <input type="checkbox"/> Social Security benefits statement |
| <input type="checkbox"/> Divorce decree or child support document | <input type="checkbox"/> Veterans Administration benefits statement |
| <input type="checkbox"/> Federal or tribal notice letter of participation in Bureau of Indian Affairs General Assistance | <input type="checkbox"/> Unemployment/Workers Compensation benefits statement |
| <input type="checkbox"/> Retirement/Pension benefit statement | <input type="checkbox"/> Current income statement from employer or paycheck stub |

(Note: Proof of income qualification is not required during annual re-certification of Lifeline eligibility.)

I CERTIFY THAT MY HOUSEHOLD INCOME IS AT OR BELOW 135% OF THE FEDERAL POVERTY GUIDELINES AND THAT I HAVE CORRECTLY INDICATED THE NUMBER OF PEOPLE IN MY HOUSEHOLD ABOVE.

Initial Here

RESIDENTIAL ADDRESS (PO BOX NOT ACCEPTABLE, MUST BE YOUR PRINCIPAL STREET ADDRESS)

STREET ADDRESS: _____

Name of apt. complex/multi-resident facility: _____

Apt. No.: _____ **Mutli-resident facility room/bed No.:** _____

City: _____ **State:** _____ **Zip Code:** _____

This address is: ☐ **Permanent** ☐ **Temporary**

BILLING ADDRESS (IF DIFFERENT FROM ADDRESS ABOVE)

STREET _____ **CITY** _____ **STATE** _____ **ZIP** _____

CUSTOMER CERTIFICATIONS

FEDERAL LAW REQUIRES UNION WIRELESS TO OBTAIN YOUR CERTIFICATION TO THE FOLLOWING STATEMENTS. PLEASE READ AND ACKNOWLEDGE YOU AGREE BY INITIALING EACH STATEMENT BELOW, UNDER PENALTY OF PERJURY:

To the best of my knowledge, no one in my household is receiving Lifeline service.

Initial Here

I certify that I am at least 18 years of age and not currently receiving a lifeline telephone service from any other landline or wireless telephone company. I will only receive Lifeline from Union Wireless and not from any other landline or wireless telephone company.

Initial Here

I authorize Union Wireless to access any records, including financial records, required to verify my eligibility for Lifeline service. I also authorize Union Wireless to transmit to the Lifeline Administrator all of the information I have provided on this form, as well as my telephone number and the start date and termination date (if any) for my Lifeline service. I understand that this information will be transmitted in order to ensure proper administration of the Lifeline program, and that I cannot receive Lifeline service if I do not consent to this information being transmitted.

Initial Here

I understand that I will be required to verify my continued eligibility for Union Wireless' Lifeline service at least annually, and that I may be required to verify my continued eligibility at anytime, and that failure to do so will result in termination of Lifeline benefits. I will notify Union Wireless immediately if I no longer qualify for Lifeline, or if I have a question as to whether I would still qualify.

Initial Here

By my signature below, I certify under penalty of perjury that I have read and understand this certification form and that I certify that the information contained in this form is true and correct to the best of my knowledge and that I understand that providing false information to receive Lifeline benefits is punishable by fine or imprisonment. I also acknowledge that I will be required to notify Union Wireless within thirty (30) days if my home address changes. In addition, if my address listed above is a temporary address, I understand that I must verify my address with Union Wireless as often as every ninety (90) days. Failure to provide such notification or verification will result in de-enrollment from the program.

Signature _____ Today's Date _____

For Company Use Only:

I certify that I have reviewed documentation (identified below) from the customer, and to the best of my knowledge, this documentation accurately represents the customer's participation in the program above, or that the customer's household income is at or below 135% of the Federal Poverty Guidelines.

Document reviewed: _____

Method provided: In person ☐ U.S. Mail ☐ Fax ☐ E-mail ☐

Expiration date: _____

Printed Name of Union Wireless employee

Signature of Union Wireless employee

Redacted – for Public Inspection

Union Telephone Co. DBA Union Cellular (SAC 519905)

Attachment – Line 3017

Attachment Redacted in Entirety

MOSS ADAMS LLP
Certified Public Accountants | Business Consultants

INDEPENDENT AUDITOR'S MANAGEMENT LETTER

Board of Directors
Union Telephone Company, Inc.

We have audited the financial statements of Union Telephone Company, Inc. for the year ended December 31, 2012, and have issued our report thereon dated February 15, 2013. We conducted our audit in accordance with auditing standards generally accepted in the United States of America, the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, and 7 CFR 1773, *Policy on Audits of Rural Utilities Service (RUS) Borrowers*. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

In planning and performing our audit of the financial statements of Union Telephone Company, Inc. for the year ended December 31, 2012, we considered its internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing an opinion on the financial statements and not to provide assurance on the internal control over financial reporting.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A material weakness is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

INDEPENDENT AUDITOR'S MANAGEMENT LETTER
(continued)

7 CFR 1773.33 requires comments on specific aspects of the internal control over financial reporting, compliance with specific RUS loan and security instrument provisions, and other additional matters. We have grouped our comments accordingly. In addition to obtaining reasonable assurance about whether the financial statements are free from material misstatements, at your request, we performed tests of specific aspects of the internal control over financial reporting, of compliance with specific RUS loan and security instrument provisions, and of additional matters. The specific aspects of the internal control over financial reporting, compliance with specific RUS loan and security instrument provisions, and additional matters tested include, among other things, the accounting procedures and records, compliance with specific RUS loan and security instrument provisions set forth in 7 CFR 1773.33(e)(2) and related party transactions and investments. In addition, our audit of the financial statements also included the procedures specified in 7 CFR 1773.38-45. Our objective was not to provide an opinion on these specific aspects of the internal control over financial reporting, compliance with specific RUS loan and security instrument provisions, or additional matters, and accordingly, we express no opinion thereon.

No reports (other than our independent auditor's report, and our independent auditor's report on internal control over financial reporting and on compliance and other matters, all dated February 15, 2013) or summary of recommendations (other than the audit fieldwork exit memo) related to our audit have been furnished to management.

Our comments on specific aspects of the internal control over financial reporting, compliance with specific RUS loan and security instrument provisions, and other additional matters as required by 7 CFR 1773.33 are presented below.

COMMENTS ON CERTAIN SPECIFIC ASPECTS OF THE INTERNAL CONTROL OVER FINANCIAL REPORTING

We noted no matters regarding Union Telephone Company, Inc.'s internal control over financial reporting and its operation that we consider to be a material weakness as previously defined with respect to:

- The accounting procedures and records;
- The process for accumulating and recording labor, material, and overhead costs, and the distribution of these costs to construction, retirement, and maintenance or other expense accounts; and
- The materials control.

INDEPENDENT AUDITOR'S MANAGEMENT LETTER
(continued)

COMMENTS ON COMPLIANCE WITH SPECIFIC RUS LOAN AND SECURITY INSTRUMENT PROVISIONS

At your request, we have performed the procedures listed below with respect to compliance with certain provisions of laws, regulations, contracts, and grants. The procedures we performed are summarized as follows:

- Procedures performed with respect to the requirement for a borrower to obtain written approval of the mortgagee to enter into any contract, agreement, or lease between the borrower and an affiliate for the year ended December 31, 2012, of Union Telephone Company, Inc.;
 - Obtained and read a borrower-prepared schedule of new written contracts, agreements, or leases between the borrower and an affiliate as defined in 7 CFR 1773.33(e)(2)(i).
 - Reviewed Board of Directors' minutes to ascertain whether Board-approved written contracts are included in the borrower-prepared schedule.
 - Noted the existence of written RUS approval of each contract listed by the borrower.
- Procedure performed with respect to the requirement to submit the operating report for telecommunications borrowers to the RUS;
 - Agreed amounts reported in the *Operating Report for Telecommunications Borrowers* to Union Telephone Company, Inc.'s records.

The results of our tests indicate that, with respect to the items tested, Union Telephone Company, Inc. complied, in all material respects, with the specific RUS loan and security instruments provisions referred to below. The specific provisions tested, as well as any exceptions noted, include the requirements that:

- The borrower has obtained written approval of the RUS to enter into any contract, agreement, or lease with an affiliate as defined in 7 CFR 1773.33(e)(2)(i); and
- The borrower has submitted the *Operating Report for Telecommunications Borrowers* to the RUS and the *Operating Report for Telecommunications Borrowers*, as of December 31, 2012, represented by the borrower as having been submitted to the RUS is in agreement with Union Telephone Company, Inc.'s audited records, in all material respects, and appears reasonable based on the audit procedures performed.

INDEPENDENT AUDITOR'S MANAGEMENT LETTER
(continued)

COMMENTS ON OTHER ADDITIONAL MATTERS

In connection with our audit of the financial statements of Union Telephone Company, Inc., nothing came to our attention that caused us to believe the Company failed to comply with respect to:

- The reconciliation of continuing property records to the controlling general ledger plant accounts addressed at 7 CFR 1773.33(c)(1);
- The clearing of construction accounts and the accrual of depreciation on completed construction addressed at 7 CFR 1773.33(c)(2);
- The retirement of plant addressed at 7 CFR 1773.33(c)(3) and (4);
- The approval of the sale, lease, or transfer of capital assets and disposition of proceeds for the sale or lease of plant, material, or scrap addressed at 7 CFR 1773.33(c)(5);
- The disclosure of material related party transactions, for the year ended December 31, 2012, in the financial statements referenced in the first paragraph of this report addressed at 7 CFR 1773.33(e); and
- The detailed schedule of investments.

Our audit was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The detailed schedule of investments in affiliated companies required by 7 CFR 1773.33(i), and attached to this letter, is presented for purposes of additional analysis and is not a required part of the basic financial statements. This information has been subjected to the auditing procedures applied in our audit of the basic financial statements, and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as whole.

See attached schedule of investment in affiliated companies.

This report is intended solely for the information and use of the Board of Directors, management, and the RUS and supplemental lenders and is not intended to be, and should not be used by anyone other than these specified parties.

MOSS ADAMS LLP

MOSS ADAMS LLP

Spokane, Washington
February 15, 2013